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THE RELATION OF THE PRIVATE DUTY NURSE TO THE
PUBLIC, AS AN EDUCATOR¹

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My many years of hospital work point with accusing fingers at the few months of private duty experience which I have to my credit. Yet those few months have done valiant service in helping me to understand some of the problems of the private duty nurse, and have filled me with respect for the women who are able to do this executive work so successfully year after year. It is therefore with a feeling of admiration and a very keen appreciation of the difficulties which beset the pathway of a private nurse, that I attempt to speak of her opportunities as an educator.

One is reluctantly forced to admit that many nurses are not, in any true sense of the word, educators. This is a lamentable fact, and the responsibility for it must be put on the schools that have attempted to train them, but have failed to make them realize how numerous and diversified their opportunities are. Private nursing is a most important field, and needs many of the best recruits we can give to it. Granted that it has many disadvantages, it also has many compensations, not the least of which is the heartfelt appreciation shown by the majority of those served. No one can deny that the private duty nurse is at the present time a public benefactor, but no one has ever yet dreamed of the good she might do if she were better equipped for her work.

Because I want to stimulate your imagination, I am going to ask you to visualize as clearly as possible your ideal nurse. Endow her with all the physical qualities, all the mental qualities you think she should possess. Dress her in the uniform that appeals most strongly to you. Add any touches that will make her more satisfying, and more nearly perfect in your opinion. Then, presuppose that she has had the scientific knowledge of hygiene, psychology, sociology, and all other "ologies" that she will need. It is just here that I always experience difficulty in filling in the picture of my ideal nurse, because almost every day I hear of some other branch of human knowledge that it is absolutely necessary my nurse should have.

Let us follow our nurse as she goes about her work, sometimes in the homes of the poor, at other times in the homes of the rich, for need of her service opens every door to her and makes the circle of

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

her influence almost limitless. In almost every type of home there are many problems other than the care of the patient, which the nurse, if she be a keen observer, cannot fail to appreciate. Our ideas regarding the proper care of children have been modified to a great extent in recent years, and the opportunities for suggesting wiser care, more rational feeding, a more sympathetic recognition of childhood's limitations, particularly where there is any abnormal mental or physical condition, present themselves in endless variety. In the homes of the poor it might be possible for her to suggest a wiser outlay of the small income, showing possible economies, especially in buying food with high nutritive value for a limited expenditure of money. She could also serve as a connecting link between the families of the poor and the many agencies of relief, advising them to whom to apply for the specific help needed.

Much has been done to increase interest in the maintenance of health and to disseminate a knowledge of hygiene, but even after such knowledge has become common property, it often fails to function in the lives of men and women until *someone* has applied it and shown how to adapt it to the special needs of the individual and his environment. Not infrequently, an attack of illness puts the patient in an appreciative frame of mind, which makes him or her a very apt pupil. This represents a valuable opportunity for a most useful form of education, and it is to the credit of our ideal nurse that she is well enough equipped to make good use of all such opportunities.

In addition, think how often it is possible for her to interpret the rich to the poor and *vice versa*, as well as to show how the right solution of social problems affects not one special group but *all* the members of a community. We are daily coming to recognize more fully the interrelationship of different classes. We have learned from sad experience that the unhealthful condition of our slums affects not only the slum dwellers but the residents of our most exclusive sections. Tuberculosis is no respecter of persons and, though it often originates in the slums, it may easily be carried far from them. I am reminded of the experience of a woman serving as a factory inspector, who found among the packers of sanitary drinking cups a girl in an advanced stage of tuberculosis. The health of all who use drinking cups was endangered by the conditions that made this possible; it is the duty of the nurse to bring home such knowledge to those who can use it, as a weapon for prevention.

For three years we have stood aloof and watched the gigantic struggle going on in Europe. Despite the warning voice of prophets we, as a people, have felt it the part of wisdom to keep out of the struggle and have quieted our conscience by sending such alms as we

could spare. Latterly, our attitude has entirely changed, and I interpret all our war preparations as an evidence of our realization that the solution of the European problem affects not only Europeans but the whole civilized world. If our nurse has a broad enough social viewpoint to recognize the value of the diversity of national characteristics and also the common needs of all peoples, she can, as she goes from home to home, be a potent factor in instilling an idea of internationalism that will help to make those with whom she comes in contact *humane* as well as *patriotic*.

Always and everywhere, our ideal nurse should serve as a recruiting officer to the ranks of pupil nurses. She knows full well that the demands that training makes are more than offset by the fascination nursing has for the woman who really finds it her vocation. With so many recruiting officers, our ranks should be well filled. The fact that they are not makes one wonder why. I have often wished it were possible to have all the graduates of our schools answer this question. From a wide variety of answers, I suspect we would find that long hours are a determining factor in keeping many young women out of our profession. Perhaps it is only honest for us to admit that the governing boards of training schools have made many of the conditions such that our private duty nurses, who know these conditions, have educated the public to believe that the life of a nurse is undesirable. If our schools and their graduates, through their alumnae associations, could coöperate with the governing boards of training schools to improve these conditions, it might, perhaps, be possible to make the advantages so apparent that those who have been kept away by the long hours and other limitations would gladly join our ranks.

Moreover, an honest interpretation of the history of nursing schools and their relative position in many hospitals, forces one to realize that they will never attain their maximum of usefulness until they are endowed. It is the private duty nurse who comes in contact with those who have the means and would have the desire to endow our schools if they knew the benefits that would result from such endowments. This opportunity is indeed a privilege, and one that many private duty nurses are not cognizant of.

Last of all, our ideal nurse has a wonderful opportunity to educate the public regarding the necessity for nursing legislation. Every bill introduced by nurses in every one of the states that has nursing laws, has had for its purpose: (1) Improvement of the care of the sick; (2) Better education of the nurse so as to fit her to give this care; (3) Protection of the people by making it possible for them to differentiate between the nurses who have qualified themselves and those

who have not. Not until public opinion has been educated to realize that the legislation for which we are working will really benefit the public, even more than the nurse, will the opposition be overcome. We are convinced that public opinion in regard to nursing problems depends more on the private nurse than upon any other representative of our profession. Perhaps when each and every private nurse makes it her special business to know all about proposed nursing legislation, and is able to meet the arguments for and against it intelligently, so that each one does her share to educate public opinion, we shall find we have more friends than we need.

In conclusion, I would summarize the opportunities of the private duty nurse as an educator, as follows: (1) In the application of scientific knowledge to various problems of the home: (a) Training and feeding of children; (b) wise expenditure of limited income; (c) application of hygienic principles to individual needs. (2) In the application of social science to social problems. (3) By serving as an ideal to young women seeking their vocation. (4) By helping to improve the quality of public opinion regarding the scope and importance of nursing, and the need for endowment of nursing schools. (5) By enlightening the public regarding the purpose of and necessity for so-called nursing bills.

If the ideal nurse whom we have in mind is to act as an educator along these various lines, she must of necessity keep herself informed of the scientific discoveries that affect her work and she must know enough about the different problems with which the members of her profession are struggling, to discuss them intelligently. I anticipate that some of you are questioning how she, with her long hours of arduous work, can possibly do this. My answer would be:

Let her, *First*, take advantage of the literature published by the boards of health of our cities and states, of the various pamphlets published by insurance companies, as well as the popular books on health subjects which are available in most of our public libraries. *Second*, join the Alumnae Association of her school and take an active part in all that her alumnae attempts to do. *Third*, subscribe to the *AMERICAN JOURNAL OF NURSING* and the *Modern Hospital*. *Fourth*, attend as many of the meetings of the state and national associations as possible. This will be a good beginning, as it will suggest new possibilities and additional means for improvement.

If our ideal nurse is to be able to meet all these opportunities intelligently, can nature endow her too generously, or nursing schools overeducate her? Rather, is it not necessary that such an important connecting link between our schools and the public should be, in a very true sense, an *ideal nurse*?